

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

39416

1. PLACE OF DEATH

County *Mo. Baptist Hospital*

Registration District No. *791*

Township

Primary Registration District No. *1033*

City *St. Louis* (No. *Mo. Baptist Hospital*)

File No. *11606*
Registered No. *11606*
St. _____ Ward _____

2. FULL NAME

Charles Miller

(a) Residence, No. *Hubert Avenue Mo. St.* *12* Ward. *Hubert Avenue Mo.*
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? *56* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Nancy Miller*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 3 1854*

7. AGE YEARS MONTHS Days If LESS than 1 day, _____ hrs. or _____ min.
77 10 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labour*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *Jan. 1931* 11. Total time (years) spent in this occupation *32*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Mrs. George Ming Hubert Avenue Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Hubert Avenue Cemetery* DATE *11/22 1931*

19. UNDERTAKER (ADDRESS) *Fink and Co. Hubert Ave. Mo.*

20. FILED *11-21-31* *W. H. Barker* Registrar

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 19 1931*

22. I HEREBY CERTIFY, That I attended deceased from *11. 7 1931* to *11. 19 1931*

I last saw him alive on *11-19-31*, 19____ Death is said to have occurred on the date stated above, at *8:00 p.m.*

The principal cause of death and related causes of importance were as follows:

*Chronic Emphysema
Pneumonia Labor*
*109
930
110A*

Other contributory causes of importance:
*Ch. Myocarditis
" Peri-pericarditis*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____

(Signed) *Lawrence H. Meyer*, M. D.
(Address) *Mo. Baptist Hosp.*

Date of onset

Dr. S. H. Meyer

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

